Based on Home Health Care Facilities

| State | Provider Number | Provider Name |
|-------|-----------------|---------------|
| 0.00 | | |

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| Address | City | Zip | Phone |
|---------|------|-----|-------|
| | _ | • | |

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| Type of Ownership | Offers Nursing Care Services |
|-------------------|------------------------------|
|-------------------|------------------------------|

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Offers Physical Therapy Services

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Offers Occupational Therapy Services

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Offers Speech Pathology Services

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Offers Medical Social Services

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Offers Home Health Aide Services

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| Date Certified | Footnote |
|----------------|-------------|
| Date Octilied | 1 Ooti loto |

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